



WAKEFIELD GIRLS' HIGH SCHOOL

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CHANGE RECORD - REVIEW PERIOD ANNUALLY

Version	Date	Change details
V1.00	Sept 2024	Policy merged and reviewed, Natalie Phillips and Vanessa Hutchinson
V1.01	Jan 2025	Review brought forward in order to be in line across the Foundation with QEGS and WGPPS. No changes made.
V1.02	Jan 2026	Reviewed with minor amends

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WGHS PSHE Policy

1. Context and Content

This PSHE Policy covers Wakefield Girls' High School (WGHS) approach to PSHE education within the Senior Section and Junior Section.

Senior Section pupils of WGHS have been consulted and involved in the creation of the PSHE Curriculum taught at WGHS via Google Forms and focussed Key stage Pupil voice face-to-face meetings.

Key areas identified by the Senior Section pupils were the teaching of Physical and mental health, age-appropriate topics regarding relationships and sex education, drugs education, the opportunity to talk to older pupils about topics such as sending nude images and the use of social media and a range of teaching and learning activities to keep pupils engaged during teaching and to help with their learning and understanding.

In the Junior Section pupils are encouraged to be confident, to develop their special talents and to fulfil their academic potential. The school is a happy and secure environment and the community is socially and culturally diverse.

Children in the Junior Section spend most of the week with their class teacher, who is the central figure in their lives at school. They are also taught by a team of specialists including Physical Education, French and Music teachers. They are supported by classroom assistants, lunchtime supervisors and after school care supervisors.

The classrooms provide vibrant, exciting spaces in which to learn. The Junior Section is composed of two buildings; STC which houses Y6 and St Johns House Y3-5. There are three assembly halls and a fully-equipped playground.

1.1 Related policies

- [WGHS RSE Policy](#)
- [WGSF Anti-bullying Policy](#)
- [WGHS SMSC Policy](#) (Including Fundamental British Values)
- [WGHS Mental Health Policy](#)
- [WGSF Safeguarding and Child Protection Policy](#)
- [WGSF Menopause Policy](#)
- [WGSF Equality, Diversity and Inclusion Policy](#)
- [WGSF ICT Acceptable Use Policy](#)

1.2 Our Vision



1.3 Our Mission

To deliver exceptional education through inspirational teaching in a friendly, nurturing and supportive environment.

To provide every pupil with the opportunity to be a confident high performing learner, enabling them to flourish and fulfil their potential now and in the future.

1.4 Our Values (TEA)

Together (we support each other now and into the future and build real and lasting connections with our community)

Empowered (we make a difference by using our voice, speaking up for what we believe in and bringing positivity and proactivity to everything we do)

Aware (the way we understand and support the diverse world we live in and develop a strong sense of social responsibility makes us ready for the future)

The golden thread is the **Joy of learning**; the positivity, energy & respect that permeates every interaction at Wakefield Girls' High School.

We **aim** for our pupils to be:

- outward looking, motivated to support each other and ready to make a difference;
- proud to be part of a warm and caring community;
- future ready with a strong sense of social responsibility;
- intellectually curious and experience the joy of learning.

In order to work towards these aims, we live our values:, Together, Empowered and Aware.

Pupils have the freedom to express themselves, explore what excites them and experience

new interests, independence and friendships which will take them way beyond the classroom. At Wakefield Girls' we aim for our pupils to be Empowered, Together and Aware.

2. Aims and Objectives

2.1 Senior Section

The main objective of our teaching in PSHE is to help and support pupils through their physical and emotional development and understanding of the world around them, preparing them for current and future life situations. Our school's ethos for our pupils is to empower them with knowledge, confidence and skill for them to achieve their full potential and to be able to work together and thrive in many different types of communities.

Our PSHE programme aims and objectives are:

- To support pupils' physical and emotional development throughout their time at WGHS.
- To encourage positive self-esteem and self-belief.
- To encourage an attitude towards sexual relationships that reduces the potential risks, including pregnancy and catching a sexually transmitted infection. Also encourage the idea that sex should be part of a stable and loving relationship.
- To help pupils make well-informed decisions about activities that can be dangerous to personal health e.g. consuming alcohol, taking drugs, smoking tobacco, having unprotected sex.
- To encourage pupils to make good relationships and respect differences.
- To help pupils understand disabilities, challenge stereotypes and prejudice and make them aware of the school's anti-bullying policy.
- To develop an understanding of the UK system of Government, both at a local and national level.
- To encourage independent learning, support study skills, organisation, exam preparation and dealing with exam stress.
- To support a smooth transition at key times within the school e.g. starting WGHS Senior School, start of a new school year.
- To understand the importance of personal financial management.
- To promote safety of the individual at school, at home, and when using technology such as social media and the internet.
- To provide a wide range of external speakers who can give specialist information to pupils.
- To provide an inclusive education for pupils of all cultures, religions and sexual orientation and to make everyone aware of these.

2.2 Junior Section

Personal, Social and Health Education (PSHE) enables children to become healthy, independent and responsible members of society. We encourage our children to play a positive role in contributing to the life of the school and the wider community. In doing so we help develop their sense of self-worth. Children learn about rights and responsibilities and to appreciate what it means to be a positive member of a diverse multicultural society.

The aims of Personal, Social and Health Education are to enable the children to:

- know and understand what constitutes a healthy lifestyle;
- be aware of safety issues;

- understand what makes for good relationships with others;
- have respect for others;
- be independent and responsible members of the school community;
- be positive and active members of a democratic society;
- develop self-confidence and self-esteem, and make informed choices regarding personal and social issues;
- develop good relationships with other members of the school and the wider community;
- be positive of their own body image, maintaining a positive image of themselves and others, making judgements and decisions of some ways of resisting negative peer pressure around issues affecting their health and wellbeing;
- understand that they will experience some bodily and emotional changes especially at puberty and deal with them in a positive way;
- be aware of safety issues and manage risk in their own lives, including safeguarding issues such as bullying and other negative behaviours, internet safety and cyberbullying;
- develop an awareness of the need to manage money issues relevant to their lives and begin to give them the financial awareness to prepare them for their future.

3. Creating a safe and supportive learning environment

3.1 Senior Section

Because PSHE education works within pupils' real-life experiences, it is essential to establish a safe learning environment.

We will create a safe and supportive learning environment by asking each PSHE teaching group, with the support of the classroom teacher, to create clear 'ground rules'. All pupils know that they are allowed to 'pass' at any time if they wish to do so, they know not to talk about other people's personal experiences etc.

They are made aware of up and coming sensitive topics before the lesson so that they can talk to a member of staff about it beforehand for support if needed.

All pupils know where and who to go to for support and advice in school. They know who the DSL (Designated Safeguarding Lead) and DDSL (Deputy Designated Safeguarding Lead) are in school.

All staff have regular Safeguarding training and know how to respond to a pupil who may disclose sensitive information and the pupils are aware of this. Also see **Appendix A 'Talking to pupils when they make mental health disclosures'**.

If a pupil discloses they or another pupil are at risk before/during/after a PSHE lesson, the member of staff must follow the school's Safeguarding and Child Protection procedure. Also see **Appendix B 'What makes a good CAMHS Referral'**.

3.2 Junior Section

Rationale: Happy Children Learn and Achieve

In the Junior Section, a strong emphasis is placed on making the school a friendly and caring environment. We believe happy children achieve their full potential. We maintain a close partnership with parents, welcoming their full involvement with their child's progress. Parents are also very welcome to the many events and workshops. The Playground Buddy system ensures nobody is lonely at break times. A nurse is available and a school doctor sees the pupils regularly throughout their school lives.

The Junior Section provides before school care and after school care. The After School Club (ASC) provides organised activities and care and is available every week day on a regular or occasional basis for a minimal cost.

In all areas of the Junior Section we consider PSHE to be an important aspect of all school life. Through our curriculum, our school environment and our school ethos, we strive to promote children's self-esteem and emotional well-being. As a school we help our children to form and maintain worthwhile and satisfying relationships, based on respect for themselves and for others whether at home, school, in the community and to carry this forward into their future work settings and responsibilities.

4. Entitlement and equality opportunity

Teaching of PSHE subjects will take into account the age, ability, readiness and cultural backgrounds of all pupils to ensure that everyone can access our PSHE education, this is in line with the Wakefield Grammar School Foundation's Equal Opportunities (Pupils) Policy.

At Wakefield Girls' High School we promote diversity and inclusion through the variety of PSHE topics, cross-curricular links with other subjects, assemblies and extra-curricular activities.

We expect all pupils to consider the needs of others by teaching empathy, understanding and inclusivity within the PSHE curriculum.

Our PSHE curriculum addresses diversity issues and inclusion at all Key Stages.

All Wakefield Girls' High School pupils have access to PSHE education through timetabled lessons with either their Form Tutor or a member of the PSHE teaching team.

5. Intended outcomes

As a result of our PSHE programme of learning, pupils will:

- Be able to identify healthy and unhealthy relationships and know that they have the right to help and advice.
- Understand how to keep safe both mentally and physically now and for the future.
- Know the dangers of legal and illegal drugs and know where and how to seek help for addiction etc.
- Develop skills such as empathy and kindness.
- Know how to be a positive bystander for other people who experience prejudice, discrimination, bullying etc.
- Understand the importance of personal hygiene.
- Develop skills and understanding around finance, budgeting, loans, laws, the Government etc.

These skills and understanding will be used now and in the future.

6. Learning and teaching

6.1 Senior Section

We will determine pupils' prior knowledge through baseline assessments at the start of Year 7. Many of our pupils come from our Junior section and a spiral curriculum is used throughout the two sections and regular meetings between the PSHE leads at both sections, however, it is important that we gain insight of pupils who have come from other schools. This baseline assessment will be via Google Forms.

All pupils are given a PSHE book in which they can take notes, complete tasks and attach handouts. It will be used mainly for assessment which take place at the start of topics/lessons and at the end. We will use activities such as continuum lines, brainstorming, quizzes etc. PSHE teachers will mark the pupils' PSHE books at regular intervals.

PSHE lessons are delivered in an age-appropriate and positive manner with research about young people's behaviours being used to illustrate that the majority of young people are not partaking in risky behaviours such as drug taking etc.

The planning of the PSHE curriculum is formed from different sources:

- Pupil voice
- Collaboration between the DSL, Head of PSHE, Heads of Year and Vanessa Hutchinson from the Junior section
- PSHE Association framework outline
- Bi-annual Wakefield Safer School questionnaire for pupils in Year 7, 9 and 12

PSHE is effectively taught through a spiral curriculum, which means lessons and topics are organised through recurring themes that are taught at age-appropriate times, adding an increase of information and content as pupils progress through their school career.

Teachers of PSHE are given a planned curriculum with supporting lesson plans and resources written by the Head of Department. Teachers attend INSET about PSHE content and are able to discuss the content of lessons with the Head of Department if and when required.

6.2 Junior Section

We use a range of teaching and learning styles. We place an emphasis on active learning by including the children in discussions, investigations and problem-solving activities. We encourage the children to take part in a range of practical activities that promote active citizenship, e.g. charity fundraising, the planning of school special events such as an assembly or curriculum event, or involvement in an activity to help other individuals or groups less fortunate than themselves.

We organise classes in such a way that children are able to participate in discussion to resolve conflicts or set agreed classroom rules of behaviour. We organise themed multicultural days so that the children have the opportunity to experience a variety of activities to enrich their understanding of other cultures. We promote positive mental health through lessons and themed weeks/days such as: Wellbeing Week, Random Act of Kindness Day, Children's Mental Health Week, Anti-bullying Week, Children's Day. We also plan circle time lessons and discussions.

A safe, open and positive learning environment based on trusting relationships between all members of the class, adults and children alike, is established. To enable this 'ground rules' are agreed and owned at the beginning of the year and are reinforced in every lesson by using The Jigsaw Charter:

- We take turns to speak
- We use kind and positive words
- We listen to each other
- We have the right to pass
- We only use names when giving compliments or when being positive
- We respect each other's privacy (confidentiality)

PSHE curriculum planning

We teach PSHE in a variety of ways across the Junior Section, supporting personal and social development in the curriculum and extracurricular activities.

As a curriculum subject it is primarily implemented using the Jigsaw PSHE programme. There is opportunity in each unit to develop a child's range of emotional vocabulary and practise mindfulness. The PSHE curriculum is also supported in our assemblies using the Jigsaw themes and songs.

Jigsaw covers all areas of PSHE for the primary phase, as the table below shows:

Term	Puzzle name	Content
Autumn 1:	Being Me in My World	Includes understanding my place in the class, school and global community as well as devising Learning Charters
Autumn 2:	Celebrating Difference	Includes anti-bullying (cyber bullying included) and diversity work
Spring 1:	Dreams and Goals	Includes goal-setting, aspirations, working together to design and organise fund-raising events
Spring 2:	Healthy Me	Includes drugs and alcohol education, self-esteem and confidence as well as healthy lifestyle choices
Summer 1:	Relationships	Includes understanding friendship, family and other relationships, conflict resolution and communication skills
Summer 2:	Changing Me	Includes Relationship and Sex Education (RSE) (see RSE Policy)

Unit 6 "Changing Me" has been adapted to reflect the needs of the school's student body and to be considerate of wide ranging parental views, gathered through consultation. All requirements for the statutory Relationships and Health Education curriculum, as announced

by the Department for Education in England in 2019, for full implementation from September 2020 have been implemented.

In addition there are focus days/assemblies and lessons which include learning about Safer Internet Day and Safeguarding using the NSPCC.

The health education elements of PSHE are a focus of the unit Healthy Me in the Jigsaw scheme. This unit addresses key topics such as healthy eating. Health education is also taught through the Science and Physical Education curriculum and is supported in assemblies.

Safety issues are addressed in lessons which address issues such as “stranger danger” and Design Technology and Art lessons where children use tools and equipment.

Children in the Junior Section are encouraged to develop good relationships with others. Classes learn about relationships through the Golden Rules, RE, TEA values, Zones of Regulation, assemblies and circle time. Children are encouraged to play with others at playtimes. There are friendship stops in the playgrounds, playground friends, toys to share and structured games clubs to encourage this. Adults model exemplary behaviour in the way they talk to and deal with children.

We also develop PSHE by helping children develop a sense of responsibility through undertaking positions in class such as a Form Captain, Eco Monitor, School Council representative, librarian, House Captain and playground friend “Buddy” schemes. We offer residential visits to all year groups. Places that have been visited are Blencathra, Castle Head, Whitby and York Outdoor Activity Centre, where there is a particular focus on developing children’ self-esteem and giving children the opportunities to develop leadership and cooperative skills. For some roles, in the summer term, Year 5 pupils apply and are interviewed for positions of responsibility by Senior Section prefects and then undertake the role they are appointed to in the Autumn of Year 6.

The children are encouraged to be positive and active members of a democratic society. The School Council and Eco-committee meet regularly to provide a meaningful way in which children can voice their opinions and have their views taken into account in decisions which impact upon them. Children vote for the class representative. The children vote for class monitors in Y4-6.

The children develop self-confidence and self-esteem and make informal choices regarding personal and social issues. This is achieved through praise and rewards such as stickers and house points. Children are awarded Star of the Week in assemblies which celebrates individual achievement. Children’s achievements outside school are celebrated in a weekly assembly. They gain confidence by participating in events such as the Christmas concerts, individual presentations and class assemblies, plays and productions.

In Personal, Social, Health and Emotional (PSHE), we teach and promote Fundamental British Values. **See Appendix C.**

7. Assessment

7.1 Senior Section

Assessment for PSHE, including RSE, is regular and takes place through a number of different methods:

For all topics taught, pupils will complete baseline and end of topic assessments. These will take the form of brainstorm, continuum lines, graffiti walls etc and clearly show pupils learning through the use of different coloured pens etc including a key. The baseline

assessment activity will help the teachers plan where extra teaching for particular topics needs to take place etc.

Assessment will continue through each lesson in the form of discussions, card-sorting activities, role play, Kahoot quizzes etc. This enables the classroom teacher to assess initial understanding at the start of the lesson, to adapt the lesson content if needed.

Other forms of assessment used to create the PSHE and RSE curriculum, include:

- Pupil voice questionnaires and working groups.
- Data collected from Spectrum after the Year 9 RSE lessons.
- Data collected from the bi-annual Healthy School Questionnaire written by Wakefield Council.
- Pre and post knowledge feedback after Year 10 Personal Care Unit.
- Data about student behaviour patterns from WGHS CPOMS.
- Discussion with Heads of Year.
- Cross Senior and Junior school section meetings.

7.2 Junior Section

Teachers assess the children's work in PSHE by observing how they implement what is encouraged in terms of positive attitudes and behaviour and how they develop their self-confidence and self-esteem.

To ensure children are making progress with their learning throughout their Jigsaw experience most sections have a built-in assessment task at the end of the six main sections. Staff will add key questions to this to assess children's understanding of key topic areas.

At the end of each lesson children are given the opportunity to self-assess their work and contribute to and/or reflect on the lesson.

Teachers include information about a child's personal and social development in the summer report. Aspects of PSHE may be reported on in the form teacher's comment in the mid-year report.

8. Staff training

8.1 Senior Section

The Head of PSHE attends training from various organisations such as The PSHE Association, Sheffield Sexual Health Clinic, Stonewall, The Proud Trust and Child Bereavement UK.

The information collated from these conferences and other resources are used to create PSHE lessons. Lesson plans are detailed and are supported with resources for the staff teaching PSHE. One-to-one support is offered to staff who feel less confident about teaching particular subjects. The Head of PSHE also informs PSHE teaching staff of different online and in person courses and encourages them to attend these should they wish to further their knowledge and understanding.

At the start of the school year all the teachers teaching PSHE for that year attend PSHE training delivered by the Head of PSHE. The training prepares the staff for the lessons being taught throughout the year as well as understanding how to use the assessment activities to help adapt the lesson plans and resources to suit the needs of the pupils in their class to facilitate the learning that takes place.

8.2 Junior Section

Monitoring and review

The PSHE subject lead will:

- Support colleagues in the teaching of PSHE, review and share experiences in staff meetings.
- Order necessary resources.
- Monitor the time allocation given to PSHE on the timetable.
- Monitor planning to check unit coverage and learning activities.
- Undertake a yearly work scrutiny.
- Arrange interviews with children to discuss PSHE.

9. Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff and this could easily happen during or after a PSHE lesson.

If a pupil chooses to disclose concerns about themselves or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. The member of staff should refer to the Foundation's Safeguarding and Child Protection Policy and pass on concerns in a timely manner to the DSL or another member of the Safeguarding team.

If a pupil chooses to disclose concerns about herself or friend to a visiting guest speaker, the guest speaker should immediately pass on the information to the DSL or another member of the Safeguarding team. All guest visitors are informed of this procedure before they begin the session.

10. Communication with parents

We are committed to working with parents and believe that the best PSHE education is provided if the child's school and home work together.

As per our RSE policy we work closely with parents by offering Parent support sessions for our RSE curriculum.

We communicate with parents about other parts of the PSHE policy through letters informing them about topics being taught such as hygiene to Year 7 and RSE lessons in Year 9, 10 and 11.

During open events such as the Open morning and New Year 7 Parents Evening, a presentation about the importance of the subject, how it is delivered and some of the content, is outlined. Parents have the opportunity to talk to The Head of PSHE or Designated Safeguarding Lead during these events on an individual basis to ask any further questions they may have.

Parents are also able to see curriculum plans for each Key Stage group via the PSHE Firefly page. We encourage discussion of PSHE topics at home and provide links to different websites to help parents with this through the PSHE Firefly page.

Appendix A: Talking to pupils when they make mental health disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

Don’t pretend to understand

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don’t be afraid to make eye contact

“She was so disgusted by what I told her that she couldn’t bear to look at me.”

It’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a ‘freak’. On the other hand, if you don’t make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can’t bring yourself to look at

them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

“I was worried how she’d react, but my Mum just listened then said ‘How can I support you?’ – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming.”

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools’ policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you’re working with them to move things forward.

Acknowledge how hard it is to discuss these issues

“Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said ‘That must have been really tough’ – he was right, it was, but it meant so much that he realised what a big deal it was for me.”

It can take a young person weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don’t assume that an apparently negative response is actually a negative response

“The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn’t say it out loud or else I’d have to punish myself.”

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn’t mean they’ll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don’t be offended or upset if your offers of help are met with anger, indifference or insolence; it’s the illness talking, not the student.

Never break your promises

“Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone just be upfront about it, we can handle that, what we can’t handle is having our trust broken.”

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t exactly sure what will happen next. Consider yourself the student’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix B: What makes a good CAMHS referral

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

Before making the referral, have a clear outcome in mind. What do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis, for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s) or carer(s) and the referred child or children?
- Has the referral to CAMHS been discussed with a parent or carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent or carer given consent for the referral?
- What are the parent or carer pupil's attitudes to the referral?

Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family?
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem or issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the educational psychologist?

The screening tool below will help guide you as to whether or not a CAMHS referral is appropriate.

INVOLVEMENT WITH CAMHS	
<input type="checkbox"/>	Current CAMHS involvement – END OF SCREEN*
<input type="checkbox"/>	Previous history of CAMHS involvement
<input type="checkbox"/>	Previous history of medication for mental health issues
<input type="checkbox"/>	Any current medication for mental health issues
<input type="checkbox"/>	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
<input type="checkbox"/>	1-2 weeks
<input type="checkbox"/>	Less than a month
<input type="checkbox"/>	1-3 months
<input type="checkbox"/>	More than 3 months
<input type="checkbox"/>	More than 6 months

* Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care

Tick the appropriate boxes to obtain a score for the young person's mental health needs.

MENTAL HEALTH SYMPTOMS		
<input type="checkbox"/>	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
<input type="checkbox"/>	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
<input type="checkbox"/>	2	Depressive symptoms (e.g. tearful, irritable, sad)
<input type="checkbox"/>	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
<input type="checkbox"/>	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
<input type="checkbox"/>	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
<input type="checkbox"/>	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
<input type="checkbox"/>	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
<input type="checkbox"/>	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
<input type="checkbox"/>	2	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

Impact of above symptoms on functioning - circle the relevant score and add to the total

Little or none	Score = 0	Some	Score = 1	Moderate	Score = 2	Severe	Score = 3
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HARMING BEHAVIOURS		
<input type="checkbox"/>	1	History of self harm (cutting, burning etc)
<input type="checkbox"/>	1	History of thoughts about suicide
<input type="checkbox"/>	2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
<input type="checkbox"/>	2	Current self harm behaviours
<input type="checkbox"/>	2	Anger outbursts or aggressive behaviour towards children or adults
<input type="checkbox"/>	5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
<input type="checkbox"/>	5	Thoughts of harming others* or actual harming / violent behaviours towards others

* If yes – call CAMHS team to discuss an urgent referral and immediate risk management strategies

Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)

<input type="checkbox"/>	Family mental health issues	<input type="checkbox"/>	Physical health issues
<input type="checkbox"/>	History of bereavement/loss/trauma	<input type="checkbox"/>	Identified drug / alcohol use
<input type="checkbox"/>	Problems in family relationships	<input type="checkbox"/>	Living in care
<input type="checkbox"/>	Problems with peer relationships	<input type="checkbox"/>	Involved in criminal activity
<input type="checkbox"/>	Not attending/functioning in school	<input type="checkbox"/>	History of social services involvement
<input type="checkbox"/>	Excluded from school (FTE, permanent)	<input type="checkbox"/>	Current Child Protection concerns

How many social setting boxes have you ticked? Circle the relevant score and add to the total

0 or 1	Score = 0	2 or 3	Score = 1	4 or 5	Score = 2	6 or more	Score = 3
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Add up all the scores for the young person and enter into Scoring table:

Score 0-4	Score 5-7	Score 8+
Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic

**** If the young person does not consent to you making a referral, you can speak to the appropriate CAMHS service anonymously for advice ****

Appendix C Junior Section Fundamental British Values in Jigsaw

Being Me in My World

Year	Democracy	Rule of Law	Individual Liberty	Mutual Respect	Tolerance of those of different faiths and beliefs
F1 /2	✓	✓	✓	✓	✓
Year 1	✓	✓	✓	✓	✓
Year 2	✓	✓	✓	✓	✓
Year 3	✓	✓	✓	✓	✓
Year 4	✓	✓	✓	✓	✓
Year 5	✓	✓	✓	✓	✓
Year 6	✓	✓	✓	✓	✓

Celebrating Difference

Year	Democracy	Rule of Law	Individual Liberty	Mutual Respect	Tolerance of those of different faiths and beliefs
F1 /2	✓	✓	✓	✓	✓
Year 1	✓	✓	✓	✓	✓
Year 2	✓	✓	✓	✓	✓

Year 3	✓	✓	✓	✓	✓
Year 4	✓	✓	✓	✓	✓
Year 5	✓	✓	✓	✓	✓
Year 6	✓	✓	✓	✓	✓

Dreams and Goals

Year	Democracy	Rule of Law	Individual Liberty	Mutual Respect	Tolerance of those of different faiths and beliefs
F1 /2	✓		✓	✓	✓
Year 1	✓		✓	✓	✓
Year 2	✓	✓	✓	✓	✓
Year 3			✓	✓	✓
Year 4	✓		✓	✓	✓
Year 5	✓	✓	✓	✓	✓
Year 6	✓		✓	✓	✓

Healthy Me

Year	Democracy	Rule of Law	Individual Liberty	Mutual Respect	Tolerance of those of different faiths and beliefs
F1/2		✓	✓	✓	✓
Year 1		✓	✓	✓	
Year 2		✓	✓	✓	
Year 3		✓	✓	✓	✓
Year 4	✓	✓	✓	✓	✓
Year 5	✓	✓	✓	✓	✓
Year 6		✓	✓	✓	✓

Relationships

Year	Democracy	Rule of Law	Individual Liberty	Mutual Respect	Tolerance of those of different faiths and beliefs
F1/2	✓	✓	✓	✓	✓
Year 1	✓	✓	✓	✓	✓
Year 2	✓	✓	✓	✓	✓
Year 3	✓	✓	✓	✓	✓

Year 4		✓	✓	✓	✓
Year 5	✓	✓	✓	✓	✓
Year 6	✓	✓	✓	✓	✓

Changing Me

Year	Democracy	Rule of Law	Individual Liberty	Mutual Respect	Tolerance of those of different faiths and beliefs
F1/2			✓	✓	✓
Year 1		✓	✓	✓	✓
Year 2		✓	✓	✓	✓
Year 3			✓	✓	✓
Year 4	✓		✓	✓	✓
Year 5			✓	✓	✓
Year 6			✓	✓	✓